This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 675392

Total Fee Calculation

				_					
	Fee Code	Total # Claims		Number Extra	х	Fee	Fee	=	Total
	Sm./Lg.		,			Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	11						=	790
Total Claims >20	203/103	40	-20 =	20	x		22	=	440
Independent Claims >3	202/102	8	-3 =	5	x		82	=	40
Mult. Dep Claim Present	204/104							=	
Surcharge	205/105							=	(3)
English Translation	139								
TOTAL FEE CALCULA	ATION	., .							1770.0
Fees due upon filing t	he application:								
Total Filing Fees Due	= \$		17	70.	<u>0</u> 0)			
Less Filing Fees Subr	nitted - \$								
BALANCE DUE	= \$		17	70.	0				
Office of Initial Paten	UM CON t Examination	1							

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

69/075392

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	OTHER THAN OR SMALL ENTITY					
FOR	<u> </u>			NUMBER		RATE	FEE		RATE,	FEÈ		
BASIC FEE						395.00	OR		790.00			
TOTA	L CLAIMS	49	minus	20 = * 20		x\$11=		OR	x\$22=	44		
INDE	PENDENT CLA	ims S		s 3 = * 5		x41=		OR	x82=	40		
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	166		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	OR	OTHER THAN				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MOZ	Total	· 3 <i>5</i>	Minus	·· 40	ē	x\$11=		OR	x\$22=			
ME	Independent	. 9	Minus	q		x41=	٥	OR	x82=			
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	+270=			
	(Column 1) (Column 2) (Column 3)						TOTAL OR			TOTAL ADDIT. FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT	n Borne Grade	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MENDMENT	Total	. 37	Minus	** 40	=	x\$11=		OR	x\$22=			
ME	Independent	* 9	Minus	*** 9		x41=		OR	x82=			
V	FIRST PRES	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM	+135=		OR	+270=			
		(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	<u>:</u>		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE		
MON	Total	* :	Minus	**	= 1	x\$11=		OR	x\$22=			
AMENDMENT	Independent	* ;	Minus	***	=	x41=		OR	x82=			
▼	FIRST PRE	SENTATION OF	MULTIPLE	DEPENDENT CL	+135=		OR	+270=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												